Travel & Training

Department: FIRE	Dat	te: 4/8//
From: John () STACES Employee Name		, , ,
To: Supervisor/Department Head	Approve Disapprove Funds available in Budget Y	/N
To: Q Raldan Personnel	Recorded	4-14-11
To:	Narrative due in Personnel Approve Disapprove	8-1-11 4/15/11
To: Mulcourl Purchasing Agent	Recorded	4/15/11
Your request for travel/training has been approved. Process requisitions needed and make the necessary arrangement of you have any questions, please contact Marie at 293-3005 or	ents. r Cathey at 293-3009.	
Comments:		
Form A – Travel and Training Request (attach documentation pertaining to the eve	fuly 18-2	0,0011

CITY OF BELLEVUE TRAVEL AND TRAINING AUTHORIZATION

Name: John STACEN Title: Fr	= / PM.
Department: [1/1]	
Training Title: NFPA	
Travel Destination: Promore.	
Date Departing: Date Returning:	00/11
Total Miles (if requesting mileage reimbursement):	
Registration Fee	\$_ <i>O</i> ·
Transportation: Personal vehicle @ current mileage rate Fuel for city vehicle Airfare Baggage fee Rental car Lodging: No. of nights @ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$
TOTAL	\$ 740
Advance amount requested (see instructions)	\$
Employee Signature Chief	Signature
City Administrator Signature	
Date documentation is due in personnel department:	



210 West Mission Avenue Bellevue, Nebraska 68005

Expense Report

Employee:	
Department:	
From:	To:
Purpose:	

	Date	Meals	Total Cost per day (not to exceed \$25.00)
Breakfast			
Eunch			\$
Dinner			
Breakfast			
Lunch			\$
Dinner	The second second second second second second		
Breakfast			
Lunch			\$ 1144 S
Dinner			
Breakfast			
Lunch			\$
Dinner	Service of the Control of the Contro	The state of the s	
Breakfast			
Lunch			S
Dinner			
	TOTAL	\$	\$

Receipts <u>MUST</u> be attached to Expense Report. If additional room is required, use reverse side of form.

CITY OF BELLEVUE TRAVEL EXPENSE DOCUMENTATION

Name: John Stace	T	Title: PR/PM	
Department: Fine			
Training Title: NPA			
Travel Destination:	7	***************************************	
Date due in personnel:	Date Re	eceived:	
Registration Fee		\$	-
Transportation:			
Personal vehicle @ current mile	eage rate	\$	
Fuel for city vehicle	8	\$	
Airfare		\$	
Baggage fee		\$	
Rental car		\$	
Lodging:			
No. of nights @ \$	per night	\$	
Hotel/motel name:			
Per Diem:			
\$ per day X	days	\$	
Ammunition:			
No. of rounds:			
Caliber:			
Incidental	•	\$	
Description:			
TOTAL		_	
TOTAL		\$	
CERTIFICATION I hereby certify the statements of true and that travel was comple	on the face, rev	everse, and attached are complete a urpose stated.	nd
Employee Signature			
Department Head Signature			



Public Fire Protection, 1 Batterymarch Park, Quincy, MA 02169-7471 USA *Phone:* +1 (617) 770-3000 *Fax:* +1 (617) 984-7056 www.nfpa.org

TECHNICAL COMMITTEE ON FIRE HOSE

To:

Technical Committee Members

From:

Orlando Hernandez, Staff Liaison

Subject:

Technical Committee Meeting – ROP (F2012) NFPA 1962 and NFPA 1964

Date:

March 17, 2011

The next meeting of the Technical Committee on Fire Hose will be held as follows:

DATE:

July 19 - 20, 2011

TIME:

8:30 am to 5:00 pm on July 19 - 20

MEETING LOCATION/

LODGING:

Hilton Garden Inn Inner Harbor

625 South President Street Baltimore, MD 21202

CUT-OFF DATE

FOR ROOM

June 24, 2011

Rate: \$155 Single/Double

FIX 350

RESERVATIONS:

For the special room rate, please call the hotel directly at 410-234-0065

and tell them you are attending the Firehouse Expo.

cc:

Standards Administration

Travel & Trains

Department: FINE	Da	te: 10/1///
From: STACEN Employee Name		
DA.	Approve Disapprove	
Supervisor/Department Head	Funds available in Budget	//N 🗌
To: C. Rallan Personnel	Recorded	10-5-11
/	Narrative due in Personnel	11-13-4
To: Finance Director	Approve Disapprove	10/10/4
To: Museud Purchasing Agent	Recorded	[0]10/1]
Your request for travel/training has been approved. Process requisitions needed and make the necessary arrangement of you have any questions, please contact Marie at 293-3005 of Comments:	r Cathey at 293-3009.	

CITY OF BILLEVUE

TRAVEL AND TRAINING AUTHORIZATION

Name: JOHN W STACEY	
Title: F= PM Department: F1	De
Conference/Class: IAPC - EMERGUEN. MLM7 SECTI	w Bourd My
Travel Destination: TAPC Higher FA. May Co	VA
Date of Departure: 1/1/7/ Date of Return: 1/3///	
Total # Miles (if requesting mileage reimbursement)	
Registration Fees/Course Cost:	\$ 0
Transportation; Personal vehicle @ current reimbursable mileage rate Other	\$
IRAVEL AGENCY: Lodging: #Nights @ \$ pernight Hotel/Motel Name	\$
Incidental:	Si
TOTAL	1-0
Advance requested* (See Instructions)	
Employee Signature Department Head	l Signature
City Administrator Approval	
Date Documentation is Due in Personnel Department	<u> </u>

Department: - IRE	Dat	Ge/7/201
From: John W STACES Employee Name		
To: Supervisor/Department Head	Approve Disapprove Funds available in Budget Y	4/2 2/11
To: C. Rabban Personnel	Recorded	6-28-11
To: Finance Director	Narrative due in Personnel Approve Disapprove	9-10-11
To: Muloud Purchasing Agent	Recorded	6/28/11
Your request for travel/training has been approved. Process requisitions needed and make the necessary arrangement of you have any questions, please contact Marie at 293-3005 or	r Cathey at 293-3009.	
Comments:		

CITY OF BELLEVUE

TRAVEL AND TRAINING AUTHORIZATION



CITY OF BELLEVUE

Expense Report

210 West Mission Ave Bellevue, NE 68005

Phone: (402) 293-3000 Fax: (402) 293-3081

Employee:	,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Department:		•	
From:	To:		
Purpose:		:	

	Date	Meals	Cost per day
reakfast	· · · · · · · · · · · · · · · · · · ·		
unch	-		\$
)inn er			
Breakfast		'	
Lunch			\$
Dinner		,	
Breakfast .	,		<u>.</u>
Lunch ·			2
Dinner			
Breakfast .			
Lunch .			3
Dinner		-	
Breakfast			
Lunch	·		\$
Dinner			
	TOTAL	\$	\$

Receipts must be attached to expense form. (do not include gratuities). If additional room is required, use reverse side

70 1	•
Employee signature:	
	•

CITY OF BEILLEVUE

TRAVEL EXPENSE DOCUMENTATION

Name:			
Title:	Department:		
Conference/Class:			·
Travel Destination:			
Date Due in Personnel Dept.	Date Received:		 .
MILEAGE:miles	@	ф	······································
LODGING: # Nights @ \$ per Hotel/Motel Name	night	\$	
INCIDENTALS: Parking Tolls Other		5	
*Other expenses (list):		\$.	
TOTAL		. \$	
Advance amount (Check No		\$	
Balance Due to: City	Employee	φ Ψ	
CERTIFICATION I hereby certify the statements of and that travel was completed f	on the face, reverse and attached for the purpose stated.	are complete a	nd true
Employee Signature	Date		
Department Head Signature	 Date	<u> </u>	

Travel & Traing

Department:	\ Dat	5/ e:////
From: Employee Name		,
Th: Supervisor/Department Head	Approve Disapprove Funds available in Budget Y	5/4// 20
To: C. Rabban Personnel	Recorded	5-18-11
To: Finance Director	Narrative due in Personnel Approve Disapprove	11-7-11 5/19/11
To: Mwave Purchasing Agent	Recorded	5/19/11
Your request for travel/training has been approved. Process requisitions needed and make the necessary arraining has been approved. If you have any questions, please contact Marie at 293-3.	ngements. 005 or Cathey at 293-3009.	
Comments:	Chicago	Il.
	- Oct 22-2,	6,2010

Form A - Travel and Training Request (attach documentation pertaining to the event)

BELLEVUE POLICE DEPARTMENT TRAINING REQUEST

Officer:	Duty Assig	nment: Add / 10
Date: 5/11//		siment.
Training Title:	-	
Training Date(s) & Time: $\sqrt{0/22}$	10/260	
Training Location:		
Certification: YES NO Total Hours:	32 To	tal Cost: 1390
Certifying Agency: TACP		
Staffing Overtime Required? YES NO	Number of	OT Hours:
Last 4 of SSN:	Date of Hire (MM	(YY): 4/3/78
Unit Supervisor:	Approved	U (/ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Comments:		
Unit Commander:	Approved	Disapproved
Comments:		
Bureau Commander:	Approved	Disapproved
Comments:		
Training Commander:	Approved	Disapproved
Comments:		
P.S.O.	Approved	Disapproved
Comments:		
Chief of Police: Appro	oved D	isapproved
Comments:		
City Administrator: Karen Juckson With City administrator	Approved	Disapproved
Comments:		
UNAVAILABILITY FO	OR COURT INFOR	<u>MATION</u>
Date Departing:	Date Retu	rning:
Date available for 8am court appearance:		

CITY OF BELLEVUE TRAVEL AND TRAINING AUTHORIZATION

Name:
Department: _ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Training Title:
Travel Destination: MICAD
Date Departing: 10 21 / 1 Date Returning: 10 0 - 11
Total Miles (if requesting mileage reimbursement):
Registration Fee \$ 275°
Transportation: Personal vehicle @ current mileage rate Fuel for city vehicle Airfare Baggage fee Rental car Shoff per night Hotel/motel name: Description:
<u>TOTAL</u> \$ 1390
Advance amount requested (see instructions) Employee Signature City Administrator Signature
Date documentation is due in personnel department:

Copies given

Constitution of the second contract of the se

Departi	ment: Police	Dat	e: <u>//-/-01</u>
From:	States Employee Name		
		Approve Disapprove	11-13-11 Hetor
To:	Supervisor/Department Head	Funds available in Budget(Y	DV Ø
To:	C. Rallan Personnel	Recorded	11-2-11
	. //	Narrative due in Personnel	2-6-12
To:	Finance Director	Approve Disapprove	11/3/11
To:	Purchasing Agent	Recorded	11/3/11

Your request for travel/training has been approved.

Process requisitions needed and make the necessary arrangements.

If you have any questions, please contact Marie at 293-3005 or Cathey at 293-3009.

Comments: LPO	Each you A Work Stop	ACTO Las Vegas, NV
UPDATE - MODIFY	CLARSON TRAMPONIY-	Jan 23-25, 2011

BELLEVUE POLICE DEPARTMENT TRAINING REQUEST

Officer: Sacry	
Date: 1/-/-01	
Training Title: LPD Workshop	
Training Date(s) & Time: JAN 23-25 ZUL	
Training Location: CAS VEGAS	
Certification: (Yes () No Total Hours: COST: Traverous 385	
Certifying Agency:	
Staffing Overtime Required: () Yes Number of Hours:	
SSAN: DOH:	
Supervisor: () Approved () Disapproved	
Comments:	1
Commander: () Approved () Disapproved	
Comments:	
Bureau Commander: () Approved () Disapproved	
Comments:	
P.S.O.: () Approved () Disapproved	
Comments: NO STUDENT OVERTIME APPROVED!	
Police Chief: Approved () Disapproved	
Comments: Each YEAR LPO 13 UPIDATED = REGULAS INPUT From Action Side	4
City Administrator: () Approved () Disapproved	
Comments:	
*COST: INCLUDE ALL FEES (HOUSING, TUTTON, TRANSPORTATION, REGISTRATION) PLEASE SUBMIT AT LEAST 60 DAYS PRIOR TO COURSE DATE	
UNAVAILABILITY FOR COURT INFORMATION	
Date Departing: Date Returning:	

Date Available for 8 AM Court Appearance:

CITY OF BELLEVUE

TRAVEL AND TRAINING AUTHORIZATION

Name: Star	
Title: Chry Department: QL	
Conference/Class: CPO Worksho	
Travel Destination: COOVEYO	
Date of Departure: JAN 22 Date of Return: JAN 2.	· ·
Total # Miles (if requesting mileage reimbursement)	
Registration Fees/Course Cost:	\$
Transportation; Personal vehicle @ current reimbursable mileage rate Other IRAVEL AGENCY: BELL TRACE Lodging: # Nights @ \$ per night Hotel/Motel Name Incidental: TOTAL Advance requested* (Sea Instructions) Department Head St	\$ 5000 \$ 3000 \$ 3000
City Administrator Approval	·
Note Discussion in Days in Description of Description	

BELLEVUE POLICE DEPARTMENT TRAINING REQUEST

Officer: Sacry
Duty Assignment: Au (copy to RECORDS)
Date:
Training Title: LPD Workshop
Training Date(s) & Time: JAN 23-25 ZUL
Training Location: (AS VEGAS
Certification: (Yes (.) No Total Hours: COST: Transcond 3850
Staffing Overtime Required: () Yes No Number of Hours:
SSAN: DOH:
Supervisor: () Approved () Disapproved
Comments:
Commander: () Approved () Disapproved
Comments:
Bureau Commander: () Approved () Disapproved
Comments:
P.S.O.: () Approved () Disapproved
Comments: NO STUDENT OVERTIME APPROVED!
Police Chief: Approved () Disapproved
Comments: EACH YEAR LPO IS UPDATED: REQUIRED INDA From ACCTEMY
City Administrator: () Approved () Disapproved
Comments:
*COST: INCLUDE ALL FEES (HOUSING, TUITION, TRANSPORTATION, REGISTRATION) PLEASE SUBMIT AT LEAST 60 DAYS PRIOR TO COURSE DATE
UNAVAILABILITY FOR COURT INFORMATION

Date Departing:	Date Returning:
Date Available for 8 AM Court Appea	trance:

IACP Center for Police Leadership

IACP Center for Police Leadership > Calendar > 3rd ANNUAL LPO INSTRUCTOR & PARTNER AGENCY MTG

Calendar: 3rd ANNUAL LPO INSTRUCTOR & PARTNER **AGENCY MTG**

Alert Me | Export Event

Title

3rd ANNUAL LPO INSTRUCTOR & PARTNER AGENCY MTG

Location

Las Vegas, NV

Start Time

1/22/2012 12:00 AM

End Time

1/25/2012 11:59 PM

Description

<u>Hotel</u>

Bally's Las Vegas

3645 Las Vegas Boulevard South

Las Vegas, NV 89109

*All hotel reservations must be made through Jennifer Porter. PLEASE DO NOT

CONTACT HOTEL DIRECTLY.

All Day Event

Yes

Recurrence

Workspace

Created at 10/20/2011 1:11 PM by Jennifer Porter Last modified at 10/20/2011 1:11 PM by Jennifer Porter

Department: Olice From: STACE Employee Name	Dat	e: 1/17/12
To: Supervisor/Department Head To: Ralban Personnel	Approve Disapprove Funds available in Budger Y Recorded	1-31-12
To: ### Work Purchasing Agent	Narrative due in Personnel Approve Disapprove	4-16-12 1/31/12 2/1/12
Your request for travel/training has been approved. Process requisitions needed and make the necessary arran If you have any questions, please contact Marie at 293-30 Comments:	05 or Cathey at 293-3009.	NE 9, 2011
Form A – Travel and Training Request (attach documentation pertaining to t	he event) Gpnl 4-	9,2011

TRAINING REQUEST

Officer: Starry	Duty Assign	ment: DM ~
Date: 1/1)//2		
Training Title: FRT TA	J- SERVICE	-
Training Date(s) & Time: April 4-	6	
Training Location: KEAN NTLY		
Certification: YES NO Total Hours:	20 Tota	1 Cost: 75+ \$ 170 2413
Certifying Agency: FBI		Kbb Koun.
Staffing Overtime Required? YES NO	Number of C	OT Hours:
Last 4 of SSN:	Date of Hire (MM/Y	Y): <u> </u>
Unit Supervisor:	Approved	Disapproved
Comments:		
Unit Commander:	Approved	Disapproved
Comments:		
Bureau Commander	Approved	Disapproved
Comments:		
Training Commander	Approved	Disapproved
Comments:		
P.S.O	Approved	Disapproved
Comments:		
Chief of Police: Appro	oved Disa	approved
Comments:		
City Administrator:	Approved	Disapproved
Comments:		,
<u>UNAVAILABILITY FO</u>	R COURT INFORM	ATION
Date Departing:	Date Return	ing:
Date available for 8am court appearance:		<u></u>

TRAVEL AND TRAINING AUTHORIZATION

Name: Title: Chi	6
Department: + \\(\(\tau\)	•
Training Title: FBF IN SCIVIC	
Travel Destination: TEANNTY	2) /
Date Departing: Date Returning:	J/4/12
Total Miles (if requesting mileage reimbursement):	
Registration Fee	s_7(
Transportation: Personal vehicle @ current mileage rate Fuel for city vehicle Airfare Baggage fee Rental car Lodging: No. of nights @ \$ per night Hotel/motel name:	\$\$ \$\$ \$\$ \$\$
TOTAL	8 245 Eu
Advance amount requested (see instructions)	De
Employee Signature Chief of Poli C	ce Signature
Date documentation is due in personnel department:	

REGISTRATION FORM



FBINAA SPRING TRAINING CONFERENCE

Holiday Inn Kearney, Nebraska April 4-6, 2012

Registration fee for active members is \$75.00 Registration fee for retired members is \$50.00 Fee made payable to:FBINAA-Nebraska Chapter

NAME LITALON				
· \				
BELLEVIE NE 68008				
Active member Retired member				
2				
Agency: DECCE VUE PD				
City: DECCEVUE State: WEBN				
Telephone: (402) 293 3/01				
SPOUSE/GUEST:				
* Additional Banquet tickets can be purchased for \$20.00.				
, and a part of \$20,00.				

FBINAA-Nebraska Chapter

____ check to follow check enclosed

Mail registration to: FBINAA-Nebraska Inc. P.O. Box 541235 Omaha, Nebraska 68154

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ssions of the items list	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The training r	met my expectations.	@	0	0	0
I will be able knowledge le	to apply the arned.	0	0	· O	0
The materials pertinent and	s distributed were d useful.	8	0	0	0
4. The instructo	r was knowledgeable.	Ø	0	0	O .
5. The quality o	f instruction was good	Ø	0	0	0
6. I would recor to my peers.	nmend this training	@	0	0	0
7. A positive lea was presente	arning environment ed.	Ø	0	0	0
8. How do you rate Excellent	the training overall? Good O	Avera; O	ge		00r O
LEGISCATIVE	Sharm - No	CITEL,	DEC(U,	-im -Ve	your job du ™ Jufuma

^{**} This form must be completed <u>upon return</u> from attending any outside agency training and returned to the Training Unit. **

FBI NATIONAL ACADEMY ASSOCIATES TRAINING SESSION

Holiday Inn Kearney, Nebraska

WEDNESDAY - APRIL 4th, 2012

Registration

2:00 p.m.- 3:00 p.m.

Opening Remarks

3:00 p.m. - 3:15 p.m.

President Gene Boner

Business Meeting

3:15 p.m. - 5:00 p.m.

Hospitality

5:00 p.m. - 10:00 p.m.

THURSDAY - APRIL 5th, 2012

Registration

8:00 a.m. - 9:00 a.m.

(Rolls and Coffee)

Opening Remarks

9:00 a.m. - 9:15 a.m.

SAC Weysan Dun

N-DEx

9:30 a.m. -

30 a.m.

FBI Omaha Beth Wade

Richard Farley

CJIS

Buffet Lunch

:30 p.m. - 12:30 p.m.

Lunch Speaker

12:30 p.m. - 1:00 p.m.

Sarah Wimer

YLP

Dealing with

1:00 p.m. - 3:00 p.m.

Doctor Reginald Burton

Excited Delirium

Bryan LGH

Enhancing Law

Enforcement Response

3:00 p.m. - 4:30 p.m.

Chief Larry Thoren

Hastings PD

to Victims

Banquet Dinner

6:30 p.m. - 7:30 p.m.

Hospitality

7:30 p.m. - 10:00 p.m.

FRIDAY APRIL 6th, 2012

Buffet Breakfast

8:00 a.m. - 9:00 a.m.

Legal Updates

9:00 a.m. - 11:00 a.m.

Cory O'Brien

Nebraska Attorney

General's Office

Closing Remarks

11:00 a.m. - 11:15 a.m.

Checkout

11:15 a.m.

U.S. Department of Justice



Federal Bureau of Investigation

In Reply, Please Refer to File No.

4411 South 121st Court Omaha, Nebraska 68137

January 12, 2012

Dear National Academy Associate

The Spring Training Conference for the Nebraska Chapter of the FBI National Academy Associates will be held on April 4-6, 2012, at the Holiday Inn Hotel and Convention Center, 110 Second Avenue, Kearney, Nebraska. The telephone number for the Holiday Inn is (308)237-5971.

Reservations should be made under, "FBI National Academy Group", at a special rate of \$82.95 per night plus tax A block of rooms will be held until March 5, 2012.

The registration fee for the conference is \$75000 for active members and \$50.00 for retired members. The registration fee will include coffee and rolls, lunch, and banquet dinner, on Thursday, April 5, and a buffet breakfast on Friday morning, April 6. Additional banquet tickets can be purchased for \$20.00% for spouses or guests. Enclosed you will find a registration form which can be forwarded to Robert Frock. Conference registration will begin at 2:00 p.m. on Wednesday, April 4, with the conference starting at 3:00 p.m. The hospitality room will open on Wednesday at 5:00 p.m. Food and beverages will be provided. Training sessions on Thursday, April 5, include N-DEX training, a presentation on dealing with Excited Delirium, and Enhancing Law Enforcement Response to Victims. Legal Updates from the Nebraska Attorney General's Office is scheduled for Friday April 6. Enclosed is a copy of the agenda.

You are highly encouraged to attend the conference and support your local chapter. If you have any further questions regarding the conference, please feel free to contact National Academy Coordinator Jonathan Robitaille, (402)740-6171, or Training & Civic Liaison Specialist Dorothy Krajicek, (402)530-1115.

1/

Weysan Dun

Special Agent in Charge

enclosures

Fraucia Caining

Department: 10/10	Date	928/21
From: Employee Name		
To:	Approve Disapprove	
Supervisor/Department Head	Funds available in Budget 🗸	y O
To: C. Ralbas Personnel	Recorded	7.21-11
To: Hinance Director	Narrative due in Personnel Approve Disapprove	121/4
To: Muscow Purchasing Agent	Recorded	7/22/11
Your request for travel/training has been approved. Process requisitions needed and make the necessary If you have any questions, please contact Marie at 2	y arrangements. 293-3005 or Cathey at 293-3009.	
Comments:	m. D	a De ana
	Osage Bed	icn, NO
	$\sim 11 \times 1 \times 1$	- 1 PM F

BELLEVUE POLICE DEPARTMENT TRAINING REQUEST

		$\gamma = 1$
Officer: ACCO	Duty Assignm	ent: Helm
Date: 0/08/201		
Training Title: FIST NA-	IN-SE	nyice.
Training Date(s) & Time:	3-9	,
Training Location: OSAGE BE.		
Certification: VES NO Total Hours:	Total	Cost: \$200
Certifying Agency		
Staffing Overtime Required? YES		Γ Hours:
Last 4 of SSN:	Date of Hire (MM/YY	n: <u>64/78</u>
Unit Supervisor:	Approved	Disapproved
Comments:		
Unit Commander:	Approved	Disapproved
Comments:		
Bureau Commander:	Approved	Disapproved
Comments:		· · · · · · · · · · · · · · · · · · ·
Training Commander:	Approved	Disapproved
Comments:		
P.S.O.	Approved	Disapproved
Comments:		
Chief of Police Appro	ved Disap	proved
Comments:		
City Administrator:	Approved	Disapproved
Comments:		
<u>UNAVAILABILITY FO</u>		
Date Departing:	Date Returni	ng:
Date available for 8am court appearance		

CITY OF BELLEVUE
TRAVEL AND TRAINING AUTHORIZATION

Name: Saray Title:	Chro
Department: Vollet	
Training Title: FOT IN-SERVICE	
Travel Destination: OSAGE BEACH MO	
Date Departing: 45/11 Date Returning: _	9/9/11
Total Miles (if requesting mileage reimbursement):	
Registration Fee	\$ 125
Transportation: Personal vehicle @ current mileage rate Fuel for city vehicle Airfare Baggage fee Rental car	\$
No. of nights @ \$ per night Hotel/motel name:	\$
Per Diem: \$ per day X days Ammunition: No. of rounds: Caliber: Incidental	\$
Description:	\$ 200 eu
Advance amount requested (see instructions) Employee Signature Chief of F	Solice Signature
City Administrator Signature	one organic
Date documentation is due in personnel department:	

Purch Reg to Judy 7-28-11

FALL RE-TRAINER REGISTRATION FORM

Fall Re-Trainer ~ September 6-9, 2011 The Lodge of Four Seasons ~ Lake Ozark, Missouri

Name:	John Stac	EY.	NA Session: /	154 14
Chapt	er: NEBRASKA		······································	
Spous	e/Guest Name:	-		
DEPAR	TMENT/AGENCY INFORMATION Department/Agency Addre	N: BELLEVUE	POLICE	
	Phone Number: (402) Email: john. stacey	State:	NE Zip:	8008
	Email: john. stacey	P bellevue.	net	
HOME	INFORMATION: Home Address:			
	City:			
	Phone Number: ()			
	Email:			
====	NA Graduate or FBI (Fully Retired/Spouse/ Banquet ONLY (\$50.00	Guest (\$85.00)		125
	(Make Checks Payable to: F)	TOTAL	ENCLOSED \$	25
* Ple Chair	ease mail registration to eman (by August 22, 2011	o your respective):	Registration C	Committee
Easte Chapt	ern Missouri, Iowa/Nebr ers send to: Major Harry Hegge 19 Jacqueline Kno St. Louis, MO 631	r (retired) ll Court	Arkansas and	Illinois
Kansa	as/Western Missouri Chap Tricia Gentry Federal Bureau of 1300 Summit Stree Kansas City, MO 6	Investigation t		